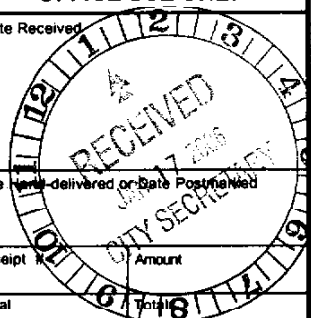


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sue	MI		
	NICKNAME	LAST Lovell	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month 10	Day 30	Year 2005	THROUGH	Month 11
					Day 30
					Year 2005

6 EXPLANATION OF CORRECTION

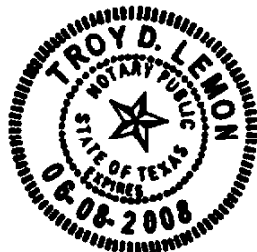
Our campaign learned on January 11, 2006 that Harris County Democrats made an expenditure for an endorsement mailing for the prior period. This affidavit includes the in kind contribution and a new cover page with the corrected totals.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Sue Lovell this the 17 day of January

20 06 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>Sue</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Lovell</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Sue		NICKNAME	LAST	SUFFIX		Lovell		OFFICE USE ONLY		
MS / MRS / MR	FIRST	MI															
	Sue																
NICKNAME	LAST	SUFFIX															
	Lovell																
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%;"> <tr> <td style="width: 30%;">ADDRESS / PO BOX;</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 10%;">ZIP CODE</td> </tr> <tr> <td>1802 West Main</td> <td></td> <td>Houston</td> <td>TX</td> <td>77098</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1802 West Main		Houston	TX	77098	Date Received				
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
1802 West Main		Houston	TX	77098													
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width: 100%;"> <tr> <td style="width: 30%;">AREA CODE</td> <td style="width: 30%;">PHONE NUMBER</td> <td style="width: 30%;">EXTENSION</td> </tr> <tr> <td>(713)</td> <td>960-1601</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(713)	960-1601		Date Hand-delivered or Date Postmarked								
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(713)	960-1601																
6 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>Dawn</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Dancy</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Dawn		NICKNAME	LAST	SUFFIX		Dancy		Receipt # Amount		
MS / MRS / MR	FIRST	MI															
	Dawn																
NICKNAME	LAST	SUFFIX															
	Dancy																
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width: 100%;"> <tr> <td style="width: 30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 10%;">ZIP CODE</td> </tr> <tr> <td>1033 Bayland Avenue, Unit 2</td> <td></td> <td>Houston</td> <td>TX</td> <td>77009</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1033 Bayland Avenue, Unit 2		Houston	TX	77009				
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10 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 10%;">THROUGH</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> </tr> <tr> <td>10</td> <td>30</td> <td>2005</td> <td></td> <td>11</td> <td>30</td> <td>2005</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	30	2005		11	30	2005
Month	Day	Year	THROUGH	Month	Day	Year											
10	30	2005		11	30	2005											
11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 30%;">ELECTION TYPE</td> <td style="width: 30%;"></td> </tr> <tr> <td>Month Day Year 12 / 10 / 2005</td> <td> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year 12 / 10 / 2005	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
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12 OFFICE	<table style="width: 100%;"> <tr> <td style="width: 50%;">OFFICE HELD (if any)</td> <td style="width: 50%;"> 13 OFFICE SOUGHT (if known) Houston City Council, At-Large Position 2 </td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council, At-Large Position 2												
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																

GO TO PAGE 2



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME** Sue Lovell**16 ACCOUNT #** (Ethics Commission file)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED****\$ 50.00****2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)****\$ 57,552.47****EXPENDITURE
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED****\$****4. TOTAL POLITICAL EXPENDITURES****\$ 33,323.36****CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD****\$ 39,750.42****OUTSTANDING
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD****\$****19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-01-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harris County Democrats 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of contribution (\$) \$ 716.99	8 In-kind contribution description (if applicable) Endorsement Mailing
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

